

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO.       | DATE           |
|---------------------------|-----------|--------------|----------------|
| FEE DETERMINATION         | <i>CS</i> |              | <i>9-16</i>    |
| O.I.P.E. CLASSIFIER       |           | <i>15</i>    | <i>5260</i>    |
| FORMALITY REVIEW          |           |              |                |
| RESPONSE FORMALITY REVIEW | <i>DB</i> | <i>20014</i> | <i>11/3/01</i> |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date            |
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| Final    |                 |
| Original |                 |
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| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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